The Montana Children's Trust Fund

2015-2016 Annual Grant Renewal Questions

Please complete the Montana Children's Trust Fund's grant renewal report below making sure to enter information into the required fields (*). The DEADLINE for the complete report is May 18, 2015 at 5pm. Submit this report to jpetersen@mt.gov and include IMPORTANT 2015-2016 Grant Renewal Proposal in the subject line. You may call Jamey if you have any questions, 444-3002. Contractors will be notified of acceptance or denial of their grants renewal on or before June 11, 2015. The renewal contract period will be July 1, 2015 to June 30, 2016. The contract in its entirety may not exceed 7 years from the original contract date.

Be sure to read all instructions.
Answer each question individually in the order listed. This is a fillable form. You will be able to move between questions by pressing the "Tab" key or by clicking in each text field individually. USE all templates provided. See attachments A, B and C.

One *signed original should be mailed to Jamey Petersen at PO Box 4210, Helena, MT 59601 within one week of the proposal deadline and received no later than May 29th.*

*All answers should be in **BLUE** and 13 point font. Questions should remain in **BLACK**.*
Incomplete proposals and proposals not submitted in the format requested will not be evaluated.

Organization: _____ **Project/Program Name:** _____

Organizational Administrator/Title: _____

Email: _____ Phone: _____ Fax: _____

Address (include city): _____

Program Manager/Coordinator(s):_____ Phone: _____

Email: _____ Address: _____

Counties Served: _____   Funds Requested: $_____

This **Renewal Application** includes two distinct, but related components. **Part I,** *briefly report* on the grant activities that took place July 1, 2014 to present. The report requirements are intentionally brief. **Part II** is the renewal application.

Renewal Application Part I

Complete the following Charts:

Unduplicated Numbers Served July 1, 2014 to present who received direct preventive services

Population	#	Population	#	Population	#
Children		Parents/caregivers		Families	
Children with disabilities		Parents/caregivers with disabilities			

Using the categories below, please let us know how many of the individuals counted above fit into each category below. You do NOT need to survey the participants about this. If you do not already have the information, estimates are fine. If you feel you cannot make a reasonable estimate, please indicate that.

Category	#	Cannot estimate
Homeless families or families at risk for homelessness		
Adult victims of child abuse or domestic violence.		
Unaccompanied homeless youth		

In each section, briefly report on the grant activities that took place July 1, 2014 to present (date: Click here to enter a date.). Be as concise as possible. Answer each question individually in the order listed. Do not delete the question.

1. **Achievement of outcomes: The logic model submitted with your last application identified outcomes and how you were going to measure them. Complete Attachment A.**

2. **Describe you collaborative effort with other partners, programs, etc. in your area and beyond**. (200 words or less)

3. **Challenges during the past funding period:** Describe **any** changes/challenges to the organization, program, staff, budget, etc. Describe successes and shortcomings in outcome achievement. How were your outcomes related to your service implementation? What are your plans to improve on current results? (300 word limit)

4. **Financial Statement:**
   - A one page summary of actual income and expenses for the past complete fiscal year for this grant. **(use standard template provided) Complete Attachment D.**

- A one page listing of funding sources and amounts received from these sources over the past fiscal year.

5. **Other information: Enclose any** pictures, stories, newsletters, artwork, clippings, etc of your efforts over the past grant cycle.
   a. Share 1-2 stories from the 2014-2015 cycle that paint a picture of the impact your work has on those you serve. (300 words)

6. **Sustainability:** What have you done to improve the program's sustainability? (200 words)

Part II Renewal Application

A useful resource for assisting in completion on this application is http://friendsnrc.org

Answer each question individually in the order listed. Do not delete the question.

Name of Grant Project: _____

Please note: A logic model (Attachment B) **must** be included as part of this renewal application and should be a true reflection of the program or services to be funded by the Montana Children's Trust Fund (MCTF) during the 2015-2016 grant cycle. Items referenced in each section of the logic model must be described in greater detail in the application. Because this is an application for renewal of funding, it is intended to be more streamlined and concise than the initial application for funding from the MCTF. **(Use standard template provided)**

1. **Projected Numbers to Be Served July 1, 2015 to June 30, 2016**

Population	#	Population	#	Population	#
Children		Parents/caregivers		Families	
Children with disabilities		Parents/caregivers with disabilities			

2. Write a brief overview of the project or projects for which funds are requested. This narrative must not exceed a total of **1200 words** (for parts a-g) and must include:
   a. Need: The need for the services in your community;

   b. Population: The population targeted to receive your services. Include the projected numbers to be served, the reasons you are targeting this population;

c. Outcomes and indicators: Projected outcomes and their indicators; (Please note: Although your logic model will be limited to no more than 4 outcomes, in this narrative, you may identify secondary outcomes you expect your services to achieve.)

d. Measurement: How will you measure or evaluate whether or not you have achieved your outcomes?

e. Services: What specific activities will occur that will lead to your outcomes?

f. Describe your rationale (the evidence base) or assumptions that suggest your services will achieve the outcomes set.

g. Resources/Infrastructure:
   i) What do you have already (staff, space, experience, etc.) that will enable you to provide services as you intend.

   ii) What do you need to ensure your services can be provided as intended?

3. Engagement: (300 word limit total for parts a-b)

   a. How will you engage parents, both as program participants and as leaders in shaping policy and program activities? Describe the success and challenges you have had with this in the past. What challenges do you anticipate in the next funding period and how will you address them?

   b. How will the program engage the community?

4. State your plan and timeline for sustainability for funding beyond Montana Children's Trust fund support? (300 word limit)

5. Budget & Narrative: Provide a line item budget and a narrative for fiscal year July 1, 2015-June 30, 2016 for your program. **(Use Attachment C)**

6. Changes and Challenges: Provide a list of any changes or challenges, including but not limited to: relevant personnel, location, status, etc. Changes in staff/leadership require a full explanation to show how your organization will meet the requirements of the contract without interruption.

ATTACHMENT A: Measuring Outcomes.

Complete the below information for .

I.   **Population:** What was your target population? Were you successful in recruiting and retaining consumers? Why or why not? How many did you plan to serve? How many did you actually serve? What changes will you make related to identifying a target population, recruiting and maintaining them in your program?

II.   **Services:** Describe the services you selected. Why were they selected? What were the assumptions, research, and experience that you used in choosing services? (Draw upon the "Assumptions" piece of the logic model from your original proposal). Were you pleased with the service model you selected? Why or why not? Did you implement the service model as you originally intended? Explain any deviations from your original model. What future changes do you plan to make in your program's services based on what you learned in implementing your services?

III.   **Outcomes:** Report on outcomes by using the *Outcome Reporting Table* below. Be concise. Do not exceed one page per outcome, although you may attach relevant tables, graphs or charts to illustrate your results. Do not submit raw data or completed parent surveys although one blank copy of your survey(s) should be included in the report.

Instructions for use of table: (You should not exceed 1 page for each outcome reported on, although you may attach charts or tables to illustrate the findings.)

Outcome: State the outcomes from your **original** logic model.

Indicators: State the indicators from your **original** logic model.

Measurement: After each outcome and set of indicators, briefly describe how you evaluated its achievement. If you used a specific measurement tool, such as a survey, name the tool and attach a copy of it to this report.

Quantified Findings: What were the quantifiable results from your evaluation efforts? (Example: 80% of the participants reported a reduction in the use of corporal punishment. 94% increased the amount use of positive reinforcement, etc.). You will discuss these findings in greater detail in later sections of report. Quantify your findings when possible. Attach applicable tables and/or charts.

Outcome Reporting Table   **Reporting period:** Click here to enter a date. **to** Click here to enter a date.

Outcome # _____ [1, 2, 3 . . .]   ☐ **short term** ☐ **intermediate** ☐ **long-term**
Indicators:
Measurement:
Findings:

Outcome Reporting Table   Reporting period: Click here to enter a date. **to** Click here to enter a date.

Outcome # _____ [1, 2, 3 . . .] ☐ **short term** ☐ **intermediate** ☐ **long-term**	
Indicators:	
Measurement:	
Findings:	

Outcome Reporting Table   **Reporting period:** Click here to enter a date. **to** Click here to enter a date.

Outcome # _____ **[1, 2, 3 . . .]** ☐ **short term** ☐ **intermediate** ☐ **long-term**	
Indicators:	
Measurement:	
Findings:	

Outcome Reporting Table   Reporting period: Click here to enter a date. **to** Click here to enter a date.

Outcome # _____ [1, 2, 3 . . .] ☐ **short term** ☐ **intermediate** ☐ **long-term**	
Indicators:	
Measurement:	
Findings:	

IV. **Discussion of Evaluation findings:**

Describe successes and shortcomings in outcome achievement. How were your outcomes related to your service implementation? How will your evaluation results be used by the agency? Include plans for future service delivery to improve on current results.

When possible, use qualitative data to help explain findings and conclusions.

ATTACHMENT B: 2015-2016 Logic Model (Instructions)

Title of Your Project

Goal (long-term impact, long-term outcome): Your goal statement is a reflection of the purpose behind your actions. All activities and outcomes should contribute to the achievement of your goal.

Population: A description of the population your program is targeting for services. Lifespan Respite Grantees may be targeting both individuals (e.g. caregivers, care recipients) and organizations (e.g. Area Agency on Aging, State Health Department, etc.). You may also indicate the needs of the target population that you intend to address through your services.

Services (outputs)

State what you will do to achieve your outcomes. What approaches, activities, or strategies will you offer?

Because a logic model is generally limited to one page, you will not be able to go into detail, but provide enough information for a reader to get the gist of your services.

Resources (inputs)

Demonstrate that you have the means to provide services as described. Include funding, in-kind services and existing infrastructure. You can identify secured resources as well as resources being sought.

You may also specify less tangible resources, such as relationships with partners. If it is important to service delivery or programming, consider including it here.

Outcomes

Describe how the target population's beliefs, behaviors, and status will change as a result of your services. In determining outcomes, ask, "What is the desired change our services will bring about?" Outcomes should always be measurable.

Outcomes may be broken into three broad categories: *short-term, intermediate (or intermediate-term)* and *long-term.* Please list no more than 4 primary outcomes in this section

Indicators

Indicators are concrete descriptions of what you would see or hear as evidence that an outcome is achieved.

They provide a direct link to the data you need to collect and the tool or tools you will use to measure it. Indicators are often expressed in either numbers or percentages.

Each outcome should have at least one or two indicators. Indicators can operationalize and define the outcome. They clarify what is meant by the outcome and what you plan to measure.

You will be accountable for measuring your indicators, therefore they need to be something you can see, hear, count or otherwise measure. If you don't have a way to measure an indicator, it's best not to include it.

Measurement

The tools used to capture information about whether or not an outcome has been achieved. Your measurement tools need to be tied directly to your indicators.

Measurement tools can be simple, such as a check-list a caregiver keeps to record how respite was used, or tally sheets used to count the number of referrals received.

They can also be more complicated types of surveys, tests and observational assessments. Some may require a high level of skill and training to use.

Selected measurement tools should be directly related to one of more of your indicators.

Assumptions (Rationale)

Your assumptions are the reasons you believe the services you offer will bring about the desired outcomes. The services you offer should be based on what is most likely to be effective. Briefly describe the rationale for using the particular intervention, including factors such as: "lessons learned" for similar projects previously tested in your community, or in other areas of the country; factors in the larger environment that have created the "right conditions" for the intervention (e.g., existing social, economic or political factors that you'll be able to take advantage of, etc.)

ATTACHMENT B: 2015-2016 Logic Model

Goal (long-term impact, long-term outcome):

Population:

Services (outputs)	Outcomes	Indicators	Measurement

Resources (inputs)

Assumptions (Rationale)

ATTACHMENT C: Budget/Narrative

Budget Category   CTF Grant Budget Amount Requested

A. Personnel (including fringe benefits) $_____

B. Consultants and professional fees $_____

C. Telephone $_____

D. Consumable Supplies $_____

E. Printing $_____

F. Travel $_____

G. Specific assistance to clients $_____

      (i.e., Childcare, transportation)

H. Other (explain below) $_____

I. *Total cost of program $_____

  J. Other sources of funding, if any ** $_____

(Deduct)

K. Total CTF Costs $_____

* Other categories: (attach an additional page if needed)

**List sources and amounts of non-CTF funding used: (attach an additional page if needed)

Source	Cash	In-kind	Total
	$_____	$_____	$_____
	$_____	$_____	$_____
	$_____	$_____	$_____
	$_____	$_____	$_____
	$_____	$_____	$_____
Total other sources of funding:	$_____	$_____	$_____

BUDGET NARRATIVE:

Briefly describe each line item above showing what each amount will be used for and how.

ATTACHMENT D: Financial Statement

Program Expense Category	CTF Grant	Other Sources	Total
A. Personnel (including fringe benefits)	$	$	$
B. Consultants and professional fees	$	$	$
C. Telephone	$	$	$
D. Consumable Supplies	$	$	$
E. Printing	$	$	$
F. Travel	$	$	$
G. Specific assistance to clients (i.e., Childcare, transportation)	$	$	$
H. Other:	$	$	$
	$	$	$
I. Total Expenses	$	$	$

* Other categories: (attach an additional page if needed)

**List sources of funding and amounts of funding received for the CTF funded program: (attach an additional page if needed)

Source	Cash	In-kind	Total
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
Total program funding:	$	$	$